

PART B - FEE(S) TRANSMITTAL

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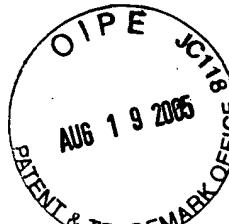
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27479 7590 05/19/2005

COCRHAN FREUND & YOUNG LLC
2026 CARIBOU DR
SUITE 200
FORT COLLINS, CO 80525

08/23/2005 LWONDIM2 00000013 10646968

01 FC:2501	700.00 OP
02 FC:1504	300.00 OP
03 FU:802 APPLICATION NO.	10.00 OP



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/646,968

08/22/2003

Mark L. Iske

IST.01USU1

1063

TITLE OF INVENTION: SPRING-ACTUATED, RETRACTABLE-BLADED SURGICAL SCALPEL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	08/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HO, UYEN T	3731	606-167000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Samuel M. Freund
2 Cochran Freund & Young LLC
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Innovative Surgical Technology, Inc. Los Alamos, NM

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1491 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Samuel M. Freund

Date August 19, 2005

Typed or printed name Samuel M. Freund

Registration No. 30,459

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Cochran Freund & Young LLC
2026 Caribou Drive, Suite 201
Fort Collins, CO 80525

08-22-05

Patent Issue Fee

DOCKET NO.: IST.01USU1

IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE



Inventor(s): Mark L. Iske et al.

Application No.: 10/646,968

Examiner: Ho, Uyen T.

Filing Date: 08/22/2003

Group Art Unit: 3731

Title: SPRING-ACTUATED, RETRACTABLE-BLADED SURGICAL SCALPEL

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TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- () Response/Amendment () Petition to extend time to respond
() New fee as calculated below () Supplemental Declaration
() No additional fee (Address enveloped to "Box Non-Fee Amendments")
(X) Other: Issue Fee Transmittal

CLAIMS AS AMENDED BY SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS		MINUS		=	X \$25	\$
INDEP. CLAIMS		MINUS		=	X \$100	\$
[] FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$180	\$
EXTENSION FEE	1ST MONTH \$60	2ND MONTH \$225	3RD MONTH \$510	4TH MONTH \$795	\$	
			TOTAL FEE			

(X) Attached is a check for \$1,030.00.

() Please charge to Deposit Account 50-1491 the amount of \$_____.

(X) At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 50-1491 pursuant to 37 CFR 1.25. Additionally please charge any fees to Deposit Account 50-1491 under 37 CFR 1.19, 1.20 and 1.21. A duplicate copy of this sheet is enclosed.

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Respectfully submitted,

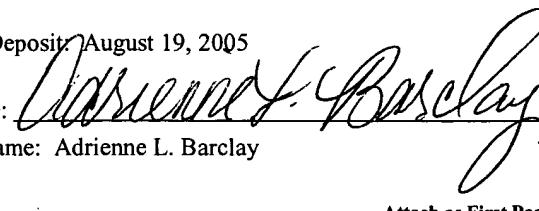
By:

Samuel M. Freund
Attorney/Agent for Applicant(s)
Reg. No.: 30,459

Telephone No.: (970) 492-1100

Date of Deposit: August 19, 2005

Date: August 19, 2005

Signature: 
Typed Name: Adrienne L. Barclay